

Deposit/Substitution Request Form

Date _____

To: State of New Jersey
Department of Banking and Insurance
Financial Examinations
P.O. Box 325
Trenton, NJ 08625-0325

To: Commerce Bank, N.A.
Attn: Arlene Murphy
1701 Route 70 East
Cherry Hill, NJ 08034-5400

RE: Commissioner of Banking and Insurance of the State of New Jersey as Trustee..

Account No. _____ Company Name _____

Phone No. _____ Fax No. _____

In accordance with the administration of the Custodian Deposits held by you as Custodian for the New Jersey Department of Banking and Insurance, we request the following transaction(s):

____ Free Receive Securities ____ Free Deliver Securities ____ DVP (Delivery vs. Payment)

____ Commerce Bank to buy Securities ____ Substitution of Securities

Securities to be deposited:

Cusip _____ Description _____

Par/Current Face _____ Original Face _____ Price _____

Principal _____ Interest _____ Net \$ _____

Trade Date _____ Settlement Date _____ Broker _____

Fed Wire
Instructions _____

Securities to be Released:

Cusip _____ Description _____

Par/Current Face _____ Original Face _____ Price _____

Principal _____ Interest _____ Net \$ _____

Trade Date _____ Settlement Date _____ Broker _____

Fed Wire
Instructions _____

Name and Telephone No. of Company Rep. _____ Signature of Company Rep. _____ Date _____

Company faxes to Department of Banking and Insurance- (609) 292-6765

Required Consent by the Commissioner
Of Banking and Insurance, State of New Jersey

Signature of DOBI Rep _____ Date _____

State DOBI faxes form to Commerce Bank for Acknowledgement- (856) 470-6186

Commerce Bank Acknowledges Receipt of form _____ Signature of Bank Rep. _____ Date _____

Commerce Bank faxes signed form to both the above company and DOBI

Comments:

